

## Employee Grievance and Appeal

*This form may be used for appeals being filed pursuant FSH 3860 (classified employees) or FSH 3890 (exempt employees).*

Date \_\_\_\_\_ Department \_\_\_\_\_

Employee's Name and Title \_\_\_\_\_

Please indicate whether you are a Classified or an Exempt employee: \_\_\_\_\_

Name and Title of Person (s) Grievance is being filed against \_\_\_\_\_

Brief Description of Employee's duties (or attach HR position description):

State the decision being appealed:

State grounds for appeal (use additional sheet if required):

When completing this section of the Staff Employee Grievance and Appeal of Due Process Final Decision form, please attach a copy of the applicable policy or regulation (Faculty-Staff Handbook). Also include any relevant documentation or references that support your grievance.

Requested Action:

Will you be represented in this proceeding Yes \_\_\_\_\_ No \_\_\_\_\_

If you will be represented provide person's name and telephone number.

Unless the employee requests otherwise, the Staff Affairs Committee/ Staff Affairs Hearing Board will send all correspondence and notices regarding this matter to an employee's representative. If you wish to have all correspondences and notices sent to you, the employee, rather than your representative please state so.

Employee's Signature and date:

\_\_\_\_\_

Staff Affairs Hearing Board Chair's signature and date:

\_\_\_\_\_

Completed Staff Employee Grievance and Appeal of Due Process Final Decision forms must be submitted to Human Resources either in person or by mail. The HR mailing address is: PO Box 444332 Moscow, ID 83844-4332. An appeal from a decision made under the Due Process Procedure (FSH 3860) must be received or postmarked within 10 working days after receipt of the written notice of Final decision being appealed. The notice of final decision is deemed received on the date personally delivered or three working days after deposited in the United States mail, postage prepaid.